

20/12/2011

JC911 U.S. PTO

03-01-02

A

PTO/SB/05 (4/98)

Approved for use through 09/30/2000. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Please type a plus sign (+) inside this box → +

**Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.**

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No.	
First Inventor or Application Identifier RONALD D SMITH	
Title	SLOPE MASTER
Express Mail Label No.	

## APPLICATION ELEMENTS

*See MPEP chapter 600 concerning utility patent application contents.*

1.   Fee Transmittal Form (e.g., PTO/SB/17)  
*(Submit an original and a duplicate for fee processing)*

2.   Specification [Total Pages ]  
*(preferred arrangement set forth below)*

- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (*if filed*)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

3.   Drawing(s) (35 U.S.C. 113) [Total Sheets ]

4. Oath or Declaration [Total Pages ]

a.   Newly executed (original or copy)

b.  Copy from a prior application (37 C.F.R. § 1.6  
*(for continuation/divisional with Box 16 completed)*

i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting  
inventor(s) named in the prior application  
see 37 C.F.R. §§ 1.63(d)(2) and 1.33(t)

**NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.24).**

5.  Microfiche Computer Program (Appendix) US  
6. Nucleotide and/or Amino Acid Sequence Submission  
*(if applicable, all necessary)*

a.  Computer Readable Copy  
b.  Paper Copy (identical to computer copy)  
c.  Statement verifying identity of above copies

1050

## **ACCOMPANYING APPLICATION PARTS**

7.  Assignment Papers (cover sheet & document(s))

8.  37 C.F.R. §3.73(b) Statement  Power of  
(when there is an assignee)  Attorney

9.  English Translation Document (*if applicable*)

10.  Information Disclosure  Copies of IDS  
Statement (IDS)/PTO-1449  Citations

11.  Preliminary Amendment

12.  Return Receipt Postcard (MPEP 503)  
*(Should be specifically itemized)*

\* Small Entity

13.  Statement(s)  Statement filed in prior application  
(*PTO/SB/09-12*)  Status still proper and desired

14.  Certified Copy of Priority Document(s)  
*(if foreign priority is claimed)*

15.  Other: .....

**16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:**

Continuation     Divisional     Continuation-in-part (CIP) of prior application No: /

**Prior application information:** Examiner \_\_\_\_\_ Group / Art Unit: \_\_\_\_\_  
**For CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application.

#### **17. CORRESPONDENCE ADDRESS**

Customer Number or Bar Code Label       Correspondence address below  
(Enter Customer No. or Attach bar code label here)

Name	RONALD SMITH AND PATSY SMITH				
Address	601 OAKLEY AVENUE				
City	ROANOKE RAPIDS	State	N C	Zip Code	27870
Country	USA	Telephone	252 535 5266	Fax	

Name (Print/Type)	PATSY ANDERSON SMITH	Registration No. (Attorney/Agent)	
Signature	<i>Patsy Anderson Smith</i>	Date	2/27/2002

**Burden Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL

## for FY 1999

*Patent fees are subject to annual revision.*

*Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.*

TOTAL AMOUNT OF PAYMENT (\$ 370.00)

## Complete if Known

Application Number	
Filing Date	
First Named Inventor	RONALD DEAN SMITH
Examiner Name	
Group / Art Unit	
Attorney Docket No.	

METHOD OF PAYMENT (check one)				FEE CALCULATION (continued)																																																																																																																																																																																																															
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number RO. RAPIDS SAVINGS BA 025003590  Deposit Account Name RONNIE & PATSY SMITH  <input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17				<b>3. ADDITIONAL FEES</b> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td></tr> <tr><td>116</td><td>380</td><td>216</td><td>190</td></tr> <tr><td>117</td><td>870</td><td>217</td><td>435</td></tr> <tr><td>118</td><td>1,360</td><td>218</td><td>680</td></tr> <tr><td>128</td><td>1,850</td><td>228</td><td>925</td></tr> <tr><td>119</td><td>300</td><td>219</td><td>150</td></tr> <tr><td>120</td><td>300</td><td>220</td><td>150</td></tr> <tr><td>121</td><td>260</td><td>221</td><td>130</td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td></tr> <tr><td>141</td><td>1,210</td><td>241</td><td>605</td></tr> <tr><td>142</td><td>1,210</td><td>242</td><td>605</td></tr> <tr><td>143</td><td>430</td><td>243</td><td>215</td></tr> <tr><td>144</td><td>580</td><td>244</td><td>290</td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td></tr> <tr><td>126</td><td>240</td><td>126</td><td>240</td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td></tr> <tr><td>146</td><td>760</td><td>246</td><td>380</td></tr> <tr><td>149</td><td>760</td><td>249</td><td>380</td></tr> <tr><td colspan="4">Other fee (specify) _____</td></tr> <tr><td colspan="4">Other fee (specify) _____</td></tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (1) (\$ 370)</td> <td colspan="4" style="text-align: right;">SUBTOTAL (3) (\$ _____)</td> </tr> <tr> <td colspan="4">           *or number previously paid, if greater; For Reissues, see below            Large Entity Fee Code (\$)         </td> <td colspan="4">           Small Entity Fee Code (\$)         </td> </tr> <tr> <td colspan="4">           Total Claims -20** = _____ X _____ = _____            Independent Claims -3** = _____ X _____ = _____            Multiple Dependent _____ = _____         </td> <td colspan="4">           Fee from below            Fee Paid         </td> </tr> <tr> <td colspan="4">           Extra Claims         </td> <td colspan="4"></td> </tr> <tr> <td colspan="4">           ** or number previously paid, if greater; For Reissues, see below            Large Entity Fee Code (\$)         </td> <td colspan="4">           Fee Description         </td> </tr> <tr> <td colspan="4">           103 18 203 9 Claims in excess of 20         </td> <td colspan="4"></td> </tr> <tr> <td colspan="4">           102 18 202 39 Independent claims in excess of 3         </td> <td colspan="4"></td> </tr> <tr> <td colspan="4">           104 260 204 130 Multiple dependent claim, if not paid         </td> <td colspan="4"></td> </tr> <tr> <td colspan="4">           109 78 209 39 ** Reissue independent claims over original patent         </td> <td colspan="4"></td> </tr> <tr> <td colspan="4">           110 18 210 9 ** Reissue claims in excess of 20 and over original patent         </td> <td colspan="4"></td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (2) (\$ _____)</td> <td colspan="4" style="text-align: right;">Reduced by Basic Filing Fee Paid</td> </tr> </tbody> </table>				Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	105	130	205	65	127	50	227	25	139	130	139	130	147	2,520	147	2,520	112	920*	112	920*	113	1,840*	113	1,840*	115	110	215	55	116	380	216	190	117	870	217	435	118	1,360	218	680	128	1,850	228	925	119	300	219	150	120	300	220	150	121	260	221	130	138	1,510	138	1,510	140	110	240	55	141	1,210	241	605	142	1,210	242	605	143	430	243	215	144	580	244	290	122	130	122	130	123	50	123	50	126	240	126	240	581	40	581	40	146	760	246	380	149	760	249	380	Other fee (specify) _____				Other fee (specify) _____				SUBTOTAL (1) (\$ 370)				SUBTOTAL (3) (\$ _____)				*or number previously paid, if greater; For Reissues, see below Large Entity Fee Code (\$)				Small Entity Fee Code (\$)				Total Claims -20** = _____ X _____ = _____ Independent Claims -3** = _____ X _____ = _____ Multiple Dependent _____ = _____				Fee from below Fee Paid				Extra Claims								** or number previously paid, if greater; For Reissues, see below Large Entity Fee Code (\$)				Fee Description				103 18 203 9 Claims in excess of 20								102 18 202 39 Independent claims in excess of 3								104 260 204 130 Multiple dependent claim, if not paid								109 78 209 39 ** Reissue independent claims over original patent								110 18 210 9 ** Reissue claims in excess of 20 and over original patent								SUBTOTAL (2) (\$ _____)				Reduced by Basic Filing Fee Paid			
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid																																																																																																																																																																																																																
105	130	205	65																																																																																																																																																																																																																
127	50	227	25																																																																																																																																																																																																																
139	130	139	130																																																																																																																																																																																																																
147	2,520	147	2,520																																																																																																																																																																																																																
112	920*	112	920*																																																																																																																																																																																																																
113	1,840*	113	1,840*																																																																																																																																																																																																																
115	110	215	55																																																																																																																																																																																																																
116	380	216	190																																																																																																																																																																																																																
117	870	217	435																																																																																																																																																																																																																
118	1,360	218	680																																																																																																																																																																																																																
128	1,850	228	925																																																																																																																																																																																																																
119	300	219	150																																																																																																																																																																																																																
120	300	220	150																																																																																																																																																																																																																
121	260	221	130																																																																																																																																																																																																																
138	1,510	138	1,510																																																																																																																																																																																																																
140	110	240	55																																																																																																																																																																																																																
141	1,210	241	605																																																																																																																																																																																																																
142	1,210	242	605																																																																																																																																																																																																																
143	430	243	215																																																																																																																																																																																																																
144	580	244	290																																																																																																																																																																																																																
122	130	122	130																																																																																																																																																																																																																
123	50	123	50																																																																																																																																																																																																																
126	240	126	240																																																																																																																																																																																																																
581	40	581	40																																																																																																																																																																																																																
146	760	246	380																																																																																																																																																																																																																
149	760	249	380																																																																																																																																																																																																																
Other fee (specify) _____																																																																																																																																																																																																																			
Other fee (specify) _____																																																																																																																																																																																																																			
SUBTOTAL (1) (\$ 370)				SUBTOTAL (3) (\$ _____)																																																																																																																																																																																																															
*or number previously paid, if greater; For Reissues, see below Large Entity Fee Code (\$)				Small Entity Fee Code (\$)																																																																																																																																																																																																															
Total Claims -20** = _____ X _____ = _____ Independent Claims -3** = _____ X _____ = _____ Multiple Dependent _____ = _____				Fee from below Fee Paid																																																																																																																																																																																																															
Extra Claims																																																																																																																																																																																																																			
** or number previously paid, if greater; For Reissues, see below Large Entity Fee Code (\$)				Fee Description																																																																																																																																																																																																															
103 18 203 9 Claims in excess of 20																																																																																																																																																																																																																			
102 18 202 39 Independent claims in excess of 3																																																																																																																																																																																																																			
104 260 204 130 Multiple dependent claim, if not paid																																																																																																																																																																																																																			
109 78 209 39 ** Reissue independent claims over original patent																																																																																																																																																																																																																			
110 18 210 9 ** Reissue claims in excess of 20 and over original patent																																																																																																																																																																																																																			
SUBTOTAL (2) (\$ _____)				Reduced by Basic Filing Fee Paid																																																																																																																																																																																																															

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	PATSY ANDERSON SMITH <i>Patsy Anderson Smith</i>	Registration No. (Attorney/Agent)	Telephone 252 535 5266
Signature		Date 2/27/2002	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.